



Kansas Attorney General

Kris W. Kobach

Victims' Services Division

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Safe at Home Program Enrolling Assistant Application

Please check one of the following:

- New Registration Cancellation (complete only Questions 1, 2 and signature section)

1. Enrolling agent name

2. Enrolling assistant name

3. Enrolling assistant's contact address, if different than enrolling agent

Street Address			
City	State	Zip	

4. Enrolling assistant's phone number

5. Assistant's after-hours phone number

6. Assistant's email address

7. Read each statement below and acknowledge your understanding by checking the box next to each statement.

- I understand that Safe at Home is only an option for candidates who meet all the requirements of the program and that I am required to complete the Safe at Home application checklist with each applicant.
- I understand that all information obtained during the course of completing the Safe at Home application is confidential and if released or shared could endanger the safety of the applicant; therefore, I will not copy or keep Safe at Home applications or any records with confidential physical addresses.
- I understand that I am not an employee or agent of the Kansas Attorney General and will not represent myself as such.

8. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Enrolling Assistant Signature

X

Mo.

Day

Yr.

Name of Signer (printed or typed)

Attested by Executive Director, CEO, or Authorized Officer of Enrolling Agent ■ This signature must match authorizing signature on Enrolling Agent application.

X

Name of Signer (printed or typed)